


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000076</b> 1. Entity Name THE CTW FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 703 HAMPTON WOODS LANE SW VERO BEACH, FL 32962	Mailing Address 703 HAMPTON WOODS LANE SW VERO BEACH, FL 32962
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



03052004    Chg-LP    CR2E003 (10/03)

4. FEI Number    Applied For  
 65-0537469    Not Applicable

5. Certificate of Status Desired    ☐    \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KLOSHEIM, J. HAROLD  
 1300 N. FEDERAL HIGHWAY  
 BOCA RATON, FL 33432

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.    \$1,559,423.19	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	WATSON, CHARLES T		
	703 HAMPTON WOODS LANE SW	CITY- ST- ZIP	
	VERO BEACH, FL 32962		
DOCUMENT #	NAME	STREET ADDRESS	
	WATSON, PHYLLIS M		U00000097155
	703 HAMPTON WOODS LANE SW	CITY- ST- ZIP	03/26/04-80027-024 526.25
	VERO BEACH, FL 32962		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY- ST- ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect; as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Charles T. Watson    Charles T. Watson    3/12/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #